PHARMACY INTERN REGISTRATION
APPLICATION INSTRUCTIONS

This application must be completed by applicants who want to register as Pharmacy Interns in Maryland in accordance with Md. Code Ann., Health Occ. §12-6D-02 – 15, and COMAR 10.34.38.

- Complete the attached Maryland Board of Pharmacy's **Application for Pharmacy Intern Registration**. This application is required whether or not the applicant is paid.

- Applications must be submitted with one of the two affidavits (completed and signed) attached to this application packet. The Pharmacy School Enrollment Affidavit (Attachment 1) must indicate the applicant's student status **at the time the affidavit is completed.**

- A Pharmacy Intern applicant must meet one of the following conditions:
  - Is currently enrolled and has completed 1 year of professional pharmacy education in a doctor of pharmacy program (program must be accredited by the Accreditation Council for Pharmacy Education or have pre-candidate or candidate status by the Accreditation Council for Pharmacy Education); or
  - Has graduated from a doctor of pharmacy program accredited by the Accreditation Council for Pharmacy Education; or
  - Is a graduate of a foreign school of pharmacy who has established educational equivalency as approved by the Board

- A pharmacy student does not need to apply for a Pharmacy Intern Registration in the following situations:
  - If enrolled in a school of pharmacy sanctioned experiential learning program or
  - If registered as a pharmacy technician with the Board performing delegated pharmacy acts

- Submit the completed application with all required attachments and a check or money order made payable to the Maryland Board of Pharmacy in the amount of $ **45.00** to:

Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, MD 21203-1991.

- Applications sent overnight or through priority mail must be addressed to:

Wells Fargo Bank, Attn: State of Maryland-Board of Pharmacy, Lockbox 1991
7175 Columbia Gateway Drive, Columbia, MD 21046

NOTE: Your application will be good for one year from the date received by the Board. If you wish to obtain a registration and have not met all criteria within one year, your application will expire and you must resubmit an application and the applicable fees. Fees paid for expired applications will not be refunded or credited.

NOTE: The intern registration will expire on the last day of the birth month following 1 year after initial registration.

- Request a State of Maryland Criminal History Record Report from the Criminal Justice Information System ("CJIS"). CJIS will provide the report to the Board. Please do not include the CJIS report with the application.

NOTE: Your application will not be processed until the Board receives your completed CJIS report. Please review the in-depth CJIS instructions located on the Board's website at http://www.mdh.maryland.gov/pharmacy by clicking on the "Technician" tab and opening the Word document under general information. The CJIS instructions for pharmacy interns are the same as the CJIS instructions for pharmacy technicians.

- We recommend that applicants currently enrolled in their first year of professional pharmacy education **do not** submit their completed applications **before May 1.**

- Applicants who have not completed their first year of professional pharmacy education when they submit their application will not be registered as interns until the Board receives notification from their school that they have successfully completed their first year.

If you are interested in volunteering for the Emergency Preparedness Task Force, please visit http://dhmh.maryland.gov/pharmacy/Pages/emergency-preparedness-information.aspx for more information and/or email MDresponds.dhmh@maryland.gov to register.

NOTE: Please allow four to six weeks for processing of your application.

NOTE: The application fee is a non-refundable, administrative fee.

Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore MD 21215-2299
Phone: 410-764-4755
Fax: 410-358-6207
www.health.maryland.gov/pharmacy

APPLICATION FOR PHARMACY INTERN REGISTRATION

Place a recent photograph in this space

Attach a photograph showing your face, with a three quarter view. The photograph **must be recent and in good condition.**

NEW APPLICATION
☐**Total Due: $45.00**

Please print clearly in ink or type in upper case letters only.

Complete all application sections and sign**. Incomplete forms will delay the issuance of your license.**

I certify that this is a photograph of me taken within the previous 180 days of submitting this application.	
Applicant's Signature:	

1. IDENTIFICATION (ALL INFORMATION REQUIRED)					
First Name:					
Middle Name:					
Last Name:					
Social Security Number:					
Street Address:					
City:		**State:**		**Zip:**	
Home Phone:					
Work Phone:					
Cell Phone:					
Date of Birth:		**Place of Birth:**			
Email Address:					

2. EMPLOYMENT INFORMATION

Employer Name:					
Date of Hire:					
Street Address:					
City:		**State:**		**Zip:**	

3. CURRENT PHARMACY INTERN STATUS	
Check the category that best describes your current pharmacy intern status. Applicant must provide the additional documentation needed to validate this status.	
☐	Currently enrolled in a doctor of pharmacy program (pharmacy school) and has completed 1 year of professional pharmacy education in a doctor of pharmacy program (program must be accredited by the Accreditation Council for Pharmacy Education or have pre-candidate or candidate status by the Accreditation Council for Pharmacy Education): **You must provide proof of enrollment using Attachment 1: Pharmacy School Enrollment Affidavit.**
☐	Has graduated from a doctor of pharmacy program accredited by the Accreditation Council for Pharmacy Education: **You must provide proof of graduation using Attachment 2: Pharmacy School Graduation Affidavit.**
☐	Is a graduate of a foreign school of pharmacy who (1) has established educational equivalency as approved by the Board and (2) has passed an examination of oral English approved by the Board: **You must provide a copy of your original Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate.**

4. PHARMACY SCHOOL INFORMATION	
School Name:	
School Address (Including Country):	
School Phone Number:	
Graduation Date:	
Dates Attended:	
Degree Received:	☐BS Pharm. ☐Pharm. D.
Is the School ACPE Accredited?	☐YES ☐NO

5. REGISTRATION / LICENSURE HISTORY	
Have you applied for pharmacy registration or licensure in any other state?	☐YES ☐NO
If YES, disclose all places, dates and results below. Attach additional sheets if necessary.	

Name of State	**Date of Application**	**Registration/License Issued?**
		☐YES ☐NO
Date Licensed	**Registration/License Number**	**In Good Standing?**
		☐YES ☐NO

Name of State	**Date of Application**	**Registration/License Issued?**
		☐YES ☐NO
Date Licensed	**Registration/License Number**	**In Good Standing?**
		☐YES ☐NO

6. PERSONAL ATTESTATION QUESTIONS		
Please read this section carefully and answer the following questions related to your practice as a pharmacy intern. If you answer "yes" to any question, please provide a detailed explanation (attach additional pages if necessary) and supporting documentation. Failure to provide complete and correct information may result in delay, or denial, of your application for registration		
1. Has any state licensing or disciplinary board (including Maryland) or any similar agency in the Armed Forces, denied your application for a registration, reinstatement or renewal, or taken any formal disciplinary action against any registration or license held by you? Such actions include, but are not limited to, reprimand, suspension, or revocation.	☐YES	☐NO
2. Has any state licensing or disciplinary board (including Maryland) or similar agency in the Armed Forces filed any complaints or charges against you or investigated you for any reason?	☐YES	☐NO
3. Have you surrendered or failed to renew a healthcare registration or license in any state?	☐YES	☐NO
4. Have you ever withdrawn your application for a pharmacy intern registration or other health professional license?	☐YES	☐NO
5. Has your employment by any pharmacy, clinic, healthcare practice, or wholesale drug distributor been terminated for disciplinary reasons?	☐YES	☐NO
6. Have you committed a criminal act for which you pled guilty or nolo contendere (see definition below), or for which you were convicted or received probation before judgment?	☐YES	☐NO
7. Excluding minor traffic violations are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?	☐YES	☐NO
8. Have you committed an offense involving alcohol or controlled substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgment?	☐YES	☐NO
9. Do you have a physical or mental condition that may impair your ability to practice as a pharmacy intern?	☐YES	☐NO
10. Has your ability to practice as a pharmacy intern been affected by the use of any type of drug or alcohol?	☐YES	☐NO

***** Nolo contendere- A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.***

I affirm that the information I have given in answer to these questions is true and correct to the best of my knowledge and belief. I have read the Maryland Pharmacy Act, Section 12-101 *et. seq.*, Health Occupations Article, Annotated Code of Maryland, and Board regulations, COMAR 10.34.01 *et seq.*, and if licensed, I agree to practice pharmacy in accordance with laws of Maryland.	
Signature:	
Date:	

7. STATE CRIMINAL HISTORY RECORDS CHECK		
I affirm that I submitted a request for a State Criminal History Records Check on:	☐YES	☐NO
Applicant's Name:		
Applicant's Signature:		
Date:		

8. LIST OF DESIGNEES		
If applicable, list the names of person and/or entity that you authorize the Board to release information about your application:		
Name of Organization	**Name of Person**	**Title**

9. APPLICATION CHECKLIST		
Application Fee	☐YES	☐NO
Recent Photograph	☐YES	☐NO
Proof of Current Pharmacy School Enrollment—Attachment 1 (if applicable)	☐YES	☐NO
Proof of Graduation from a Doctor of Pharmacy Program—Attachment 2 (if applicable	☐YES	☐NO
Proof of Graduation from a foreign school of pharmacy, passing board of pharmacy approved educational equivalency requirement and passing a board examination of oral English: copy of your original Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate (if applicable)	☐YES	☐NO
Birth Certificate or Other Proof of Birth Date	☐YES	☐NO
CJIS Report or Proof of CJIS Report Reques	☐YES	☐NO

Would you like to receive license renewal notification via email?	☐YES	☐NO
Would you like to be an emergency preparedness volunteer?	☐YES	☐NO

I, _____, do solemnly swear or affirm under the penalties of perjury that I have personally completed this application, that the foregoing information is true, correct and complete to the best of my knowledge and belief, and that I understand that any misrepresentation may constitute grounds for revoking this registration.

Applicant's Signature:	_____
Date:	

VOLUNTARY EQUAL OPPORTUNITY INFORMATION
To further its commitment to equal opportunity, the Board of Pharmacy requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

RACE:	**Are you of Hispanic or Latino origin?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	☐YES ☐NO

If you are not of Hispanic or Latino origin, select one or more of the following racial categories:	
1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)	☐
2. Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	☐
3. Black or African American (A person having origins in any of the black racial groups of Africa.)	☐
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)	☐
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	☐

APPLICATION FOR PHARMACY INTERN

ATTACHMENT 1

PHARMACY SCHOOL ENROLLMENT AFFIDAVIT

Name of Applicant:	
School of Pharmacy:	
Address of School:	
Year in School (Select one):	**1 2 3 4**
Expected Date of Graduation:	
Social Security #:	

STATEMENT OF PHARMACY SCHOOL ENROLLMENT
**** This section must be completed by the school/college of pharmacy ****

This is to certify that

_____
NAME OF STUDENT

is currently enrolled at_____ School/College of Pharmacy

Initial Enrollment Date:		
Projected Graduation Date:		
School Address:		
School Phone:		**SCHOOL SEAL**
Dean or Designee Name:		
Title:		

Dean or Designee Signature:	
Date:	
Phone Number:	

APPLICATION FOR PHARMACY INTERN

ATTACHMENT 2

PHARMACY SCHOOL GRADUATION AFFIDAVIT

The dean or registrar of your pharmacy school must complete this page unless you submitted an original Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate. The school seal **must** be placed on this page. **If this application is completed prior to graduation, the school must notify the Board after the applicant qualifies for graduation and has completed the experiential portion of his/her training.**

I certify that

_____

NAME OF STUDENT

attended the _____
School/College of Pharmacy

from _____ to _____

and earned _____ hours of actual pharmacy experience in a structured program conducted by or supervised by this School/College of Pharmacy, and on _____ graduated with the degree of _____.

Signed _____

Dean or Registrar

Print Name:	
Print Title:	
Date:	

PLACE THE SCHOOL SEAL OR STAMP ON THIS PAGE